

CP 116161# 15

PATENTS V03

Attorney Docket No. 25658-0002 15,242



CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the US Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington DC 20231, on September 27, 2002.

Derek P. Freyberg  
Derek P. Freyberg, Reg. No. 29,250

9/27/02  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Terrence R. Green et al.

: Confirmation No.: 7579

App. No.: 09/336,392

: Art Unit: 1616

Filed: June 18, 1999

: Examiner: Robert M. DeWitty

For: Medical device having anti-infective and contraceptive properties

Commissioner for Patents  
Washington, DC 20231

Sir:

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TECH CENTER 1600/2900

TRANSMITTAL

Transmitted herewith for filing in the above-entitled patent application are the following:

1. Response to Office Action
2. Check (\$460)

A return postcard is enclosed for the office to acknowledge receipt.

☒ **Petition For Extension Of Time**

Applicant(s) hereby petition(s) for an extension of time under 37 CFR 1.136(a) to respond to the Office Action mailed March 27, 2002, for:

<input type="checkbox"/> one month .....	\$55
<input type="checkbox"/> two months .....	\$200
<input checked="" type="checkbox"/> three months .....	\$460
<input type="checkbox"/> four months .....	\$720
<input type="checkbox"/> five months .....	\$980

10/09/2002 GWORDEF1 00000016 09336392

01 FC:217

460.00 OP

**Fee**

- ☒ There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.
- ☐ There is an increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Claims Remaining After Amendment: \_\_ Total, \_\_ Independent  
Highest No. Previously Paid For: \_\_ Total, \_\_ Independent

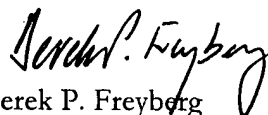
Additional independent claims above 3: _ @ \$84 each .....	0
Additional claims above 20: _ @ \$18 each .....	0
Multiple Dependency Fee: \$280 .....	0
PLUS Extension of Time Fee: .....	460
PLUS Fee for IDS .....	0
PLUS Fee for Terminal Disclaimer: .....	0
TOTAL FEE DUE: .....	<u>\$460</u>

Our check for \$460 is enclosed.

**Deposit Account Authorization**

Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 08-1641, referring to 25658-0002. A duplicate of this document is enclosed.

Respectfully submitted,



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September 27, 2002

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